

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8251</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Karen S Crocker</u> P.O. Box, Bldg., Room No., if any Street <u>17754 Hart Pinkston Rd</u> City <u>Farmington</u> State <u>mo</u> ZIP Code + 4 <u>63640</u>	4. Name, file number, and address of labor organization. Name <u>L.I.U.N.A. Laborers Local 916</u> Labor Organization File Number <u>008-221</u> P.O. Box, Building and Room Number, if any Street <u>430 N. Washington</u> City <u>Farmington</u> State <u>Mo.</u> ZIP Code + 4 <u>63640</u>
5. Position in labor organization. <u>Auditor</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest. Transaction, or Income. <u>Please be advised that, based on records currently in my possession related to 2004 calendar year, I do not have, to the best of my knowledge, any LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.</u> 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Karen S. Crocker

On

8-6-05

Date

573-431-7455

Telephone Number